

CLOSE ACCOUNT

As owner of the business listed below, I am requesting that the business be closed for one of the following reasons.

Name of business _____ Account# _____

Signed _____ Date: _____

☐ Owner

☐ President of corporation or partnership

Check all that apply

☐ Out of business -- Business closed as of: _____

☐ Sold business. New owner is _____

☐ Owner deceased. Copy of death certificate attached

Other _____

You may fax this form to 706 312-5037 or mail it to the address listed above to the attention of Kathy Y. Jackson. You may also e-mail it to Kjackson@augustaga.gov. Enter "Close account" in the subject line.

Important note: The person signing this form must be the owner of the business or an authorized individual listed on the original application. For partnerships and corporations, it must be signed by the President or CEO of the organization.